

Performance & Development Solutions (PDS) Course Registration Form

(Please Print)

Name: _____
Last
First
MI

Department: _____ Work Location: _____

E-Mail: _____ **Work Phone:** _____

FOR NON-STATE EMPLOYEES, PLEASE PROVIDE BILLING INFORMATION:

Non-State Agency/Organization: _____ **E-Mail:** _____

Contact: _____ **Phone #:** _____

Address: _____ **City/Zip:** _____

[illegible]

Refer to PDS catalog or website for course numbers, titles and dates – <http://das.hre.iowa.gov/LearnAtPDS/>

Once any course costing \$99.00 or less is confirmed, the participant's agency will be billed for the full amount of training unless cancellations are received by PDS at least five (5) working days prior to the class date. For courses that cost \$100.00 or more, agencies will be billed for ANY cancellations after confirmation. Departments may substitute confirmed course participants. To cancel, contact your agency training liaison or email pds@iowa.gov.

The following signatures indicate approval of the course(s) requested above and understanding of PDS' cancellation policy.

Employee Signature

Date

Supervisor Signature *Supervisor Name* *Date*

Training Liaison Signature (State Employee Only)	Training Liaison Name	Date
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Please return the completed form to:

State Employees: Your agency's Training Liaison
Non-State Employees: PDS Training, DAS-HRE, Fax: (515) 242-6450, Phone: (515) 281-5456

Accommodation Request: Please contact PDS at (515) 281-5456 or pds@iowa.gov to indicate any special needs that PDS may be able to address to make your participation more enjoyable.